

# GST INVOICE

Duplicate for Transporter

**BILL TO :**

DCDC CIVIL HOSPITAL SONEPAT  
CIVIL HOSPITAL SONEPAT  
State : 06

PHONE : 8506004422

**SHIPPED TO**

Name :- CIVIL HOSPITAL  
ADDRESS :- CIVIL HOSPITAL  
SONIPAT , HARYANA-131001

NUMBER :- 8506004422

Invoice No	A000042	L.R. No.	
Invoice Date	19-04-2023	L.R. Date	19-04-2023
P.O. No.	22320-1	Cases	0
P.O. Date	05-04-2023	Due Date	17-08-2023
Transport :-	BY HAND		

E-WAY BILL NO: 071333396701  
VEHICLE NO. DL01LT8750  
STATION :- 06-HARYANA

**ANIL PHARMA**  
C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 | 21B-137394  
GSTIN : 07AAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount			
1	90189029	BLUE PUNCTURE 10L TR	10	10					0.00	240.00	0.00	12.00	288.00	0.00	2400.00			
2	6210	BUFFANT CAP	500	500					0.00	0.90	0.00	5.00	22.50	0.00	450.00			
3	4015	EXAM GLOVES LATEX	20	20					0.00	230.00	0.00	12.00	552.00	0.00	4600.00			
4	63079090	FACE MASK 3 PLY EAR LOOP BLUE	500	500					0.00	1.50	0.00	5.00	37.50	0.00	750.00			
5	9018	HMD 22 NO NEEDLE	1*100	1		202320	5/22	4/27	0.00	100.00	0.00	12.00	12.00	0.00	100.00			
6	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		54612022	1/23	11/27	0.00	195.00	0.00	12.00	117.00	0.00	975.00			
7	9018	HYPODERMIC STERILE SYRINGE 10ML	1*50	20		6302023	3/23	1/28	0.00	175.00	0.00	12.00	420.00	0.00	3500.00			
8	30049091	INJ ASTHALIN RESPULES	1*50	50		1521177		11/25	0.00	5.30	0.00	12.00	31.80	0.00	265.00			
9	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1	1*50	200		SPB.22056	9/22	2/24	0.00	5.10	0.00	12.00	122.40	0.00	1020.00			
10	3004	INJ BUDICORT/BUDECEL RESPULES	1*50	60		RS.2202	10/24	10/24	0.00	16.30	0.00	12.00	117.36	0.00	978.00			
11	3004	INJ BUSCOGAST 1*50	1*50	100		A22541A	2/23	13/24	0.00	9.90	0.00	12.00	118.80	0.00	990.00			
12	30049039	INJ CALCIUM GLOCONATE 10ML 1*5	1*50	2		CG-381	1/23	9/24	0.00	290.00	0.00	12.00	69.60	0.00	580.00			
13	3004	INJ CARNIXOL	1*50	600		MIN23024B	3/23	1/25	0.00	4.50	0.00	12.00	1764.00	0.00	14700.00			
14	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	2		RE-89		11/24	0.00	230.00	0.00	12.00	55.20	0.00	460.00			
15	3004	INJ FRUSAMIDE 1*50 (R) / LAST	1*50	1		FM-122	2/23	9/24	0.00	165.00	0.00	12.00	19.80	0.00	165.00			
16	3004	INJ HYDROCORTISONE 100MG (EFFCO	1*50	1		230A09A	2/23	12/24	0.00	33.50	0.00	5.00	58.75	0.00	1175.00			
17	30049069	INJ ONDION ( EMSET )	1*50	50		1096-304R1	12/22	3/24	0.00	1.80	0.00	12.00	57.60	0.00	480.00			
18	3004	INJ REVIL 1*50 (R)	1*50	2		PH-66		11/24	0.00	165.00	0.00	12.00	39.60	0.00	330.00			
<b>CLASS TOTAL</b>													<b>TOTAL</b>	<b>TOTAL</b>	<b>33918.00</b>			
IGST 5.00%													2375.00	0.00	118.75			
IGST 12.00%													31543.00	0.00	3785.16			
IGST 18.00%													0.00	0.00	0.00			
IGST 28 %													0.00	0.00	0.00			
<b>TOTAL</b>													<b>33918.00</b>	<b>0.00</b>	<b>3903.91</b>			

Rs. Fifty Four Thousand Six Hundred Fifty Eight Only

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only.  
Bills not paid due date will attract 24% interest.



Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employer Code .....  
Centre Name .....  
Date/Time .....  
Signature .....  
ON W .....  
Date/Time .....  
Date/Time .....  
Date/Time .....





# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI-110033  
Phone : 011-41557131/9212300328  
D.L.No. : 20B-437892/21B-137394  
GSTIN : 07AAPP6291A1Z8  
E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Duplicate for Transporter

Invoice No	A000042	L.R. No.	
Invoice Date	19-04-2023	L.R. Date	19-04-2023
P.Q. No.	22320-1	Cases	0
P.O. Date	05-04-2023	Due Date	17-08-2023
Transport :-	BY HAND		
E-WAY BILL NO	1333339709		
VEHICLE NO.	DL01T58750		
STATION :-	06-HARYANA		

**BILL TO :**  
DCDC CIVIL HOSPITAL SONEPAT  
CIVIL HOSPITAL SONEPAT  
State : 06  
PHONE : 8506004422

**SHIPPED TO**  
Name :- CIVIL HOSPITAL  
ADDRESS :- CIVIL HOSPITAL  
SONIPAT, HARYANA-131001  
NUMBER :- 8506004422

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount			
19	9018	IV SET-ECO		250		23020655C		1/26	0.00	6.50	0.00	12.00	195.00	0.00	33918.00			
20	3005	MICROPORE 3"		52		8802279	3/23	1/26	0.00	75.00	0.00	12.00	468.00	0.00	1625.00			
21	90259000	NIPRO GLUCO STRIP		3		US13KBDP0C	2/23	16/24	0.00	850.00	0.00	12.00	306.00	0.00	3900.00			
22	30049087	POVINANZ M/B POWDER	1*100	50		PMP-009	2/23	12/25	0.00	15.00	0.00	12.00	90.00	0.00	2550.00			
23	9018	SHARP CONTAINER PLASTIC 3LTR		10					0.00	150.00	0.00	12.00	180.00	0.00	750.00			
24	3901	SHOE COVER		500					0.00	1.95	0.00	18.00	175.50	0.00	1500.00			
25	30049076	TAB ARKAMIN (CLODICT)		20		22JT1282 A	12/22	9/25	0.00	38.00	0.00	12.00	91.20	0.00	975.00			
26	30049039	TAB PEPTILCER40 MG (PANTOSEC)		50		SPA222586	3/23	11/23	0.00	34.25	0.00	12.00	205.50	0.00	760.00			
27	9018	VACCUTAINER PLAIN		200					0.00	5.50	0.00	12.00	132.00	0.00	1712.00			
28	3004	XYLOCAINE JELLY		5					0.00	21.50	0.00	12.00	12.90	0.00	1100.00			
<b>TOTAL</b>													48898.00	5760.01	0.00	5760.01	0.00	48898.00

**OUR BANK DETAILS AS :-**  
Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
IFSC Code : UJVM0002207

**Stock/No. of Boxes Received** .....  
Subject to Physical Check  
Name/Employee Code : Kushal Dk/1315  
Centre Name : Harshit Sonipat  
Date/Time : 19/04/2023 10:10 AM  
Signature : [Signature] M. No. : 8506004422

**FOR ANIL PHARMA**  
Authorized Signatory

**Grand Total** 54658.00

**DIS AMT/IGST PAYABLE** 5760.01  
**PAYABLE** 5760.01  
**Round off** -0.00  
**CRDR NOTE** 0.00